



APPLICATION FOR COMMERCIAL BUSINESS CERTIFICATE

12800 Arbor Lakes Parkway, PO Box 1180

Maple Grove, MN 55311

763-494-6062

Business Name(dba): _____

Business Site Address: _____

Business Contact Person: _____ Phone # _____

Email Address: _____

Owner of Building : _____ Phone # _____

Address: _____
Street City State Zip

Business Type:

<input type="checkbox"/>	Retail	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Office/Bank/Professional	<input type="checkbox"/>	Office/Warehouse
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Church	<input type="checkbox"/>	Amusement/ /Recreational	<input type="checkbox"/>	Restaurant

Describe **FULLY** the nature of use, materials used, also list hazardous and flammable materials if applicable, and hours of operation, etc. (attach an additional sheet of paper if more room is needed).

Total Occupied Square Footage _____ Tobacco License Required ____ Yes ____ No
Total Number of Employees _____ Liquor License Required ____ Yes ____ No
Number of Parking Spaces Available _____

Industrial Users Please Complete This Section

Office Area Square Footage _____

Shop/Factory Area Square Footage _____

Warehouse/Storage Area Square Footage _____

